

CONFIDENTIAL

[Date]

[Employee Name]
[Employee Job Title]
[Employee PIN]

Dear [Employee Name]:

You have advised us that you believe you need a workplace accommodation due to a disability. In order for the Maryland Judiciary to evaluate your request, please have your health care practitioner complete the Medical Inquiry and Release of Information Form attached to the Request for a Reasonable ADA Accommodation (form JHRD-201) setting forth:

- a description of your impairment or medical condition;
- potential workplace accommodations; and
- the length of time you will need an accommodation.

After we receive and review this information, we will discuss this issue with you further. Please submit this information no later than _____. Note that the Maryland Judiciary is not required to provide any accommodation that would pose an undue hardship on the Maryland Judiciary.

Sincerely,

[ADA Coordinator/Administrative Official]

cc: Linda McCabe, ADA Officer
Judiciary Human Resources, Employee Relations